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ABSTRACT

This final report describes the Inclusion through Transdisciplinary Teaming (ITT) project, which provided support to personnel working in schools, child care centers, and Head Start programs as they designed and provided services that included young children with disabilities and their families. During its 3 years of outreach, ITT project staff offered 64 workshop presentations or on-site consultations where 1,787 individuals were trained or received technical assistance. The ITT model used strategic management theory to facilitate design and delivery of services within the primary target sites. An instrument, "Planning for Successful Inclusion," (PSI) was developed to help organizations produce change, facilitate the self-evaluation process, and focus on continuous improvement of quality services. Training and consultation were individualized to meet the needs of each site. Individual sections of the report describe the project's goals and objectives, theoretical framework, methodological problems and resolutions, and future activities. Extensive appendices include a list of instruments reviewed, the PSI Table of Contents, sample action plans, a sample of data collected, the training evaluation tool and data summary, and data on the use of the PSI by sites. (Contains 21 references.) (DB)

Inclusion through Transdisciplinary Teaming (ITT)

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FINAL REPORT

Early Education Program for Children with Disabilities
U.S. Department of Education
Grant Number: H024D30007
CFDA No. 84.024D

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ABSTRACT

Inclusion through Transdisciplinary Teaming (ITT)

An Early Education Program for Children with Disabilities Project

Jennifer Olson, Ph.D.	Cari L. McMurray, M.Ed.	Philip D. Olson, Ph.D.
Principle Investigator	Project Manager	Project Evaluator/Trainer

The Inclusion through Transdisciplinary Teaming (ITT) project was designed to provide training and consultation to communities of professionals and families who strive to promote quality education for all young children, birth to eight. In particular, support was provided to personnel working in schools, child care centers, and Head Start programs as they designed and provided services that included young children with disabilities and their families. During its three years of outreach, ITT project staff offered 64 workshops, presentations, or on-site consultations where 1,787 individuals were trained or received technical assistance.

The ITT model for technical assistance and consultation was unique in that it viewed inclusion as analogous to a new venture in business in an educational system. The theories and strategies in the new venture and strategic management fields were used to facilitate the design and delivery of services within the primary target sites. Through in-depth, long-term contact with personnel from the targeted sites, training and consultation was individualized to meet the needs of each site based on where the program was currently and their stated desired outcomes.

The ITT project developed and disseminated the following training, evaluation, and planning products through presentations at local, state, regional, and national conferences and the development and publication of manuscripts: *Planning for Successful Inclusion* instrument; *Stages of Group Development* video; *Overcoming Roadblocks to Team Development* video; *Teaming: The Key to Collaboration* workbook; *Obstacles to Collaboration* video and facilitator's guide; *Effective Meetings* video, facilitator's guide and workbook; and *Flow Diagramming* video, facilitator's guide, and workbook.

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GOALS AND OBJECTIVES

A description of the status of the goals and objectives of the project are contained below and on the following pages of this report. Each goal and objective is listed, the current status of completion is noted and any additional remarks are given where appropriate. As can be noted, all major objectives of the project were met within the designated three year time frame.

Goal One: Management. To implement a comprehensive management plan to direct the completion of all project goals, objectives, and activities.

OBJECTIVE	STATUS	REMARKS
1.1 Hire project staff	Completed 8/93, 8/94, and 8/95	None
1.2 Clarify roles of staff and assign duties	Completed in September of each year; job descriptions	None
1.3 Clarify methods/lines of communication among staff persons	Reported at weekly staff meetings	None
1.4 Establish regular meeting times	Had weekly staff meetings and ad hoc task force teams for various topics	None
1.5 Establish system for management of project timelines	Used responsibility charting and timelines; quarterly personnel reviews	None
1.6 Prepare calendar of events for awareness training commitments at national, regional, and state conferences	Completed in the fall of each year	None
1.7 Management of project evaluation data	All data from sites entered into a computer database system	None
1.8 Management of professional knowledge base	All articles stored in central files; annotated bibliography updated	None
1.9 Management of adoption/adaption sites to determine extent of replication of model	Letters of agreement with key personnel; baseline data collected; trainings schedules, delivered and evaluated; ongoing consultation; post data collected to determine impact	None

Goal Two: Collaboration with state. To provide assistance to State Departments in the implementation of P.L. 101-476 IDEA and coordinate with state activities.

OBJECTIVE	STATUS	REMARKS
2.1 Inform key personnel in target states of Washington, Hawaii, Oregon, and Idaho of the successful funding of application	State personnel contacted and objectives of grant explained	On-going Regional Head Start support was also obtained
2.2 Review state plans in states of Washington and Idaho regarding implementation of all components of P.L. 101-476	State plans obtained from Part H and 619 coordinators and objectives of grant discussed	NEC*TAS was influential in assisting with this objective
2.3 Coordinate grant activities to augment state plan for inservice training, inclusion, and/or additional services to young children and their families which grant activities compliment	Presented to ICC's at each state; met with relevant committees to discuss role of outreach staff	Close contact occurred with Region X Head Start and State Departments of Education in Washington and Idaho at regional meetings
2.4 Advertise availability of project	Prepared and distributed brochures to state departments, parent organizations and regional task forces	None
2.5 Invite state personnel to attend trainings, follow-up consultations at sites targeted for adoption/adaption	This was difficult to achieve due to varying schedules	None
2.6 Schedule open house events at adoption sites for state and regional personnel to acquaint them with services in adoption/adaption community	Site administrators scheduled locale open house events	None
2.7 Make contact with additional states as appropriate through linkage with NEC*TAS and awareness presentations at national conferences	Attended all linkage events and presented at national conferences	See Table 1 for conferences attended, page 21
2.8 Maintain ongoing collaboration with state personnel representing all states in which project staff work	Newsletter was distributed in Year One	Follow-up contact was implemented through Institutes in Years Two and Three

2.9 Facilitate the transition of inclusion projects from state to local communities	Provided workshops in Hawaii sponsored by Department of Education; disseminated the *Planning for Successful Inclusion* instrument; collected qualitative information on the transition process and local efforts	Qualitative information obtained used in developing manuscripts for submission to referred journals

Goal Three: Awareness. To increase awareness of best practice in early childhood service delivery with a particular emphasis on full inclusion.

OBJECTIVE	STATUS	REMARKS
3.1 Present at local, state, and regional conferences on topics associated with best practice in inclusion	Submitted proposals and attended local, state, and regional conferences	See Table 1 for conferences attended, page 21
3.2 Prepare and present at national conferences on topics relating to best practice in inclusion	Determined appropriate opportunities, submitted proposals and presented at national conferences	See Table 1 for conferences attended, page 21
3.3 Prepare and submit articles to national journals on topics related to inclusion, technical strategies and success stories of adoption sites	Products developed published in two newsletters; one article accepted by Young Children; one article in preparation	See Dissemination Activities, page 19
3.4 Prepare reports/articles on the life cycle of inclusion	Surveyed inclusive communities, manuscript accepted for publication by The Academy of Educational Leadership	See Dissemination Activities, page 19

Goal Four: Adoption/Adaption of Best Practice Model for Inclusion. To be completed through technical assistance and follow-up consultation.

OBJECTIVE	STATUS	REMARKS
4.1 Revisit program philosophy to guide our work	Reviewed inclusion literature and held discussions the fall of each year	All materials current

4.2 Integrate the concepts of strategic planning into inclusion planning process	Acquainted project staff with planning process and selected areas of overlap	See Four Step Planning Process, page 15
4.3 Identify inclusion as a venture with a life cycle focus	Reviewed organization theory literature, developed life cycle model, and related to planning process	See Figure 1: Life Cycle of Inclusion, page 14
4.4 Develop a format for evaluation and planning to be used by communities	Reviewed existing inclusion models and tools; developed planning and evaluation instrument (PSI)	See Appendix A for list of instruments reviewed and table of contents for PSI instrument
4.5 Contact target sites and arrange training schedule	Action plans with each site reviewed and renewed each year for training and follow-up	See Appendix B for sample action plans
4.6 Collect initial needs assessment data from all potentially involved or impacted agencies, personnel and parents	Visited target sites, conducted interviews; collected data on teams and status for inclusion	See Appendix C for sample of initial data collected
4.7 Deliver technical assistance training to community as indicated by needs assessment	Based on site needs, trainings scheduled and delivered with follow-up support; evaluation data collected for impact	Community often consisted of school or Head Start management teams
4.8 Develop action plans for implementing inclusion	Used the PSI planning process to direct work of target sites; updated and revised plans as sites moved through life cycle	See Appendix B for sample action plans
4.9 Maintain close contact with sites as implementation phase commences	Maintained at the minimum bi-monthly contact with sites in order to review and update action plans	Three Institutes for all participating sites were held to promote networking and encourage reporting on progress
4.10 Collect evaluation information on impact of participation and satisfaction of parents, staff and additional community persons impacted by grant activities	Collected relevant pre and post data on site goals; obtained testimonials from sites regarding impact; gathered and presented satisfaction data with involved participants	See Impact of Training and Technical Assistance, page 28
4.11 Review, summarize, and analyze data for site use	Computerized data base system used to prepare reports for sites	A narrative summary accompanied reports which facilitated sites'

		understanding of their data and future action to take

Goal Five: Evaluate all project activities.

OBJECTIVE	STATUS	REMARKS
5.1 Review literature to determine key areas/gaps in the process of evaluating inclusion efforts	Literature reviewed, best practices identified, and gaps in evaluation identified	This review was the first step in developing the PSI instrument
5.2 Determine variables associated with evaluating inclusion practices	Literature reviewed, list of variables compiles, and expert reviewer comments obtained from the field	None
5.3 Develop list of variables to evaluate inclusive practices.	Reviewed comments from the field and compiled list of variables	List of variables resulted in the content and layout of the PSI instrument
5.4 Develop comprehensive instrument that includes major variables associated with evaluating inclusion	Reviewed existing inclusion instruments; adapted or designed tools for PSI instrument	See Appendix A for instruments reviewed and table of contents for PSI instrument
5.5 Field test instrument with sites	PSI instrument used by target sites, gathered feedback, and made changes	See Appendix E for use of PSI by sites Feedback on PSI Instrument, page 27
5.6 Use instrument to promote technical assistance by collecting data from all elements of community potentially impacted by technical assistance to adoption/adaption locations	Determined target sites for inclusion, interviewed key personnel, and collected data on status of team and readiness for inclusion	See Appendix C for sample of initial data collected
5.7 Gather feedback on instruments developed to evaluate community inclusion practices and team development with all adoption/adaption sites as appropriate through cycle of technical assistance	Identified inclusion sites, transdisciplinary teams, and parent groups; interviewed key persons on current status; conducted periodic checks on generalization and maintenance of training	Consumer feedback used in revising PSI instrument; data collected on impact of teaming and collaboration training
5.8 Review data to determine unique needs and strengths of the sites	Reviewed site data and identified strengths and needs to be used in planning process	Case studies were developed and presented at three PSI Institutes
5.9 Develop action plans based on evaluation and interactions with sites	Met with key stakeholders, reviewed planning process, and developed action plans	See Appendix B for sample action plans

5.10 Integrate methods for collecting consumer satisfaction with awareness training activities and revise based on advisory board input and site feedback on instruments	Determined outcome questions regarding awareness training; reviewed strategies for collecting data on changes in knowledge of participants involved in awareness	Advisory Board active in Year One; NEC*TAS evaluation in Year Two; Reviewed by State Department of Education in Hawaii in Years Two and Three; Reviewed by Dr. Peck (consultant) in Year Three
5.11 Collect data from participants at awareness trainings	Prepared evaluation tool and collected data at the conclusion of each training	See Appendix D for training evaluation tool
5.12 Collate and analyze all training evaluation data as collected	Reviewed comments, analyzed data, determined trends, and made changes based on analysis	See Appendix D for summary of training evaluation data

Goal Six: Dissemination.

OBJECTIVE	STATUS	REMARKS
6.1 Prepare materials on best practice in inclusion for awareness activities to be disseminated at national, regional, and state workshops	Developed presentations on best practice in inclusion and strategic planning using current literature	Consulted with numerous Head Start and public school sites
6.2 Prepare all training material used during technical assistance for model adoption/adaption for dissemination to target sites	Training materials on inclusion and planning developed and packaged for target sites	See Planning for Successful Inclusion for description of all products, page 16
6.3 Prepare and submit material detailing outcome of technical assistance to referred journals	Products developed published in two newsletters; one article accepted by Young Children; one article in preparation; one manuscript accepted by The Academy of Educational Leadership	See Dissemination Activities, page 19
6.4 Prepare for dissemination *Planning for Successful Inclusion* instrument	Reviewed consumer feedback, made final adjustments based on consumer feedback and distributed to early childhood professionals through NEC*TAS and mailings	Disseminated over Special Net through NEC*TAS; major mailing to all State Departments of Education and Head Start Region X personnel scheduled for Fall 1996

6.5 Prepare video and training tapes on topics relating to strategic planning for inclusion	Developed video and workbook series of training materials to compliment the PSI instrument	See Planning for Successful Inclusion for description of all products, page 16
6.6 Prepare and circulate materials to be disseminated through State Department 619 and Part H coordinators nationwide regarding process of targeted sites	Obtained names of Part H and 619 coordinators from NEC*TAS and mailed training materials	Products disseminated over Special Net through NEC*TAS; mailing of brochure detailing all products scheduled for Fall 1996
6.7 Prepare and circulate materials to parent organizations throughout the nation	Identified Parent Training and Information Centers nationwide and mailed training materials	Mailing of brochure detailing all products scheduled for Fall 1996

THEORETICAL FRAMEWORK

Inclusion, the concept that all young children are placed into general educational programs or community settings with same-age peers and receive educational and related services congruent with the individual's short- and long-term goals (Blackman & Peterson, 1989; Stainback, Stainback, & Forest, 1989; Thousand & Villa, 1990) has been identified as a "best practice" in early childhood special education (Peck, Carlson, & Helmstetter, 1992; Strain, 1990). The research on integrated programs at the early childhood level has produced clear evidence that integrated programs can benefit children with disabilities (Green & Stoneman, 1989; Guralnick, 1990; Lamorey & Bricker, 1993; Odom & McEvoy, 1988; Peck, Furman, & Helmstetter, 1993; Peck, Hayden, Wandschneider, Peterson, & Richarz, 1989). In comparison to specialized segregated environments, inclusive settings are far more socially stimulating and responsive to children with disabilities (Guralnick, 1990).

An abundance of research with regards to preschool inclusion has yielded great knowledge about the processes and practices that are important to the success of inclusion. However, if the process of planning for and implementing inclusive services is to be completely successful, attention needs to be placed on social, environmental forces in addition to the already researched procedural, outcome-based aspects of quality inclusion. Bronfenbrenner's (1979) ecological theory of human development as interpreted by Peck (1993) is a foundation for the above statement. The ecological approach assumes that effective implementation of change can best be achieved by considering the social ecology within policy and practices are embedded. The Bronfenbrenner model is divided into four levels: macrosystem, exosystem, mesosystem, and microsystem, each representing different ecological aspects.

LEVEL	AREA OF FOCUS	VARIABLES
Macrosystem	Community	Values, beliefs, culture
Exosystem	Organization	Meetings, legislative settings, policy boards
Mesosystem	Relationships	Parent/teacher, among families, among children
Microsystem	Child	Classroom, child with disabilities

Consistent with Bronfenbrenner's multi-level model, Bricker, Peck, and Odom (1993) call for a comprehensive approach to inclusion stating "researchers [and practitioners] should be able to expand their vision beyond studying outcomes on one variable" (pg. 274). This call for a comprehensive approach requires the careful use of strategic planning. Effective planning greatly enhances an organization's progress toward an inclusive program by assessing its current status, prioritizing goals, and working toward desired outcomes. At its best, strategic planning allows for "scanning the [organizational] environment to ascertain opportunities, then merges this assessment with an evaluation of the organization's strengths and weaknesses to identify exploitable organization-environment niches" (Robbins, 1987, pg. 405). Kaufman and Herman (1991) have applied strategic planning to education noting that "it scans current realities and opportunities in order to yield useful strategies and tactics for arriving at a better tomorrow" (pg. xvii). Most planning efforts are reactive. A problem arises and everyone scurries to fix it. Rather than reacting to situational crises, using strategic planning allows programs to be proactive and forward-thinking (Kaufman & Herman, 1991). This planning process then helps us to answer the questions, *where* to go, *why* to go there, and *how to know when we have arrived.*

While careful planning can have good results, planning is not sufficient. In dynamic, ever-changing systems, there is a need for flexibility to respond to changing needs and requirments (American Association of School Administrators, 1992). This need to respond to changes results in the need for continuous improvement in planning. That is, educational systems need to be constantly improving the appropriateness and responsiveness of their services based on needs of staff, children, and families. The steps for achieving continuous improvement are 1) plan what to do 2) do it 3) study and assess the results, and 4) act on what was learned from the assessment (American Association of School Administrators, 1992). The continuous nature of the planning process is similar to the action research educators have been involved in since the 1950's. Lewin's model of action research was built on the idea of studying things through changing them and seeing the effect (Nevitt, 1970). All in all, the planning process must come full circle for continuous improvement to occur.

Implementing change, such as inclusive services, is a complex task that can seem overwhelming at the onset. We believe that taking a comprehensive approach and applying a strategic planning process with a focus on continuous improvement facilitates greater program success. With such an approach, not only

can programs look at "what should be" but at "what could be" as well. With this frame of mind, planning for inclusion can greatly enhance an organization's progress in promoting and maintaining an environment where all children are served in the most natural setting with age-like peers.

DESCRIPTION OF MODEL

The Inclusion through Transdisciplinary Teaming (ITT) project has been designed to provide training and consultation to communities of professionals and parents who strive to promote quality education for all young children. In particular, we provide support to personnel working in schools, child care centers, Head Start programs, and health care settings as they design and provide services that include young children with disabilities and their families.

Our major focus is quality education for all young children through dissemination of practices that promote full inclusion. Our technical assistance model was developed from our experience with numerous districts and agencies that are working toward or are achieving full inclusion for young children with disabilities with their age-appropriate peers through a teaming and planning approach. These districts or agencies have shared their successes and struggles in teaming and promoting change. Through this hands-on involvement and extensive reviews of literature and research, project staff have identified three key factors that lead to successful inclusion: leadership or administrative commitment, flexibility within the structure of the organization to adapt to or advance new methods, and the values within the community of professionals that enhance collaborative teaming and innovative service delivery.

A unique feature of this ITT model is the focus from which our training and consultation is viewed. We view inclusion as analogous to a new venture in business in an educational system. This allows us to draw upon the theories and strategies found in the new venture and strategic management fields to facilitate the design and delivery of exemplary services throughout the organization. This format allows administrators, staff, parents, and other community personnel to view inclusion as an opportunity for improvement, growth, and to develop a plan that is comprehensive across the entire service delivery organization.

The model is accomplished through in-depth, long-term contact with personnel from the participating organizations. All participants actively identify issues of concern specific to their organization and project staff facilitate the development of action plans for improvement and change. This allows for the training and consultation to be individualized in order to meet the needs of each site. Instead of prescribing a plan, a plan is built based on where the program is currently and their desired outcomes.

Our delivery model is designed to be highly interactive with target location personnel. We conduct an initial two-day visit to determine strengths and needs and develop an initial plan of action. We then plan a sequence of training and visits over an eight- to ten-month period. We plan for a visit, at the minimum, every 6-8 weeks to the site and maintain bi-weekly contact by phone or fax with

our management contact at the site. Due to the high level of contact, we are able to guide and support the development and growth specified on the action plan and to make suggestions for immediate adjustment of objectives based on new data from the personnel or families involved at the targeted sites.

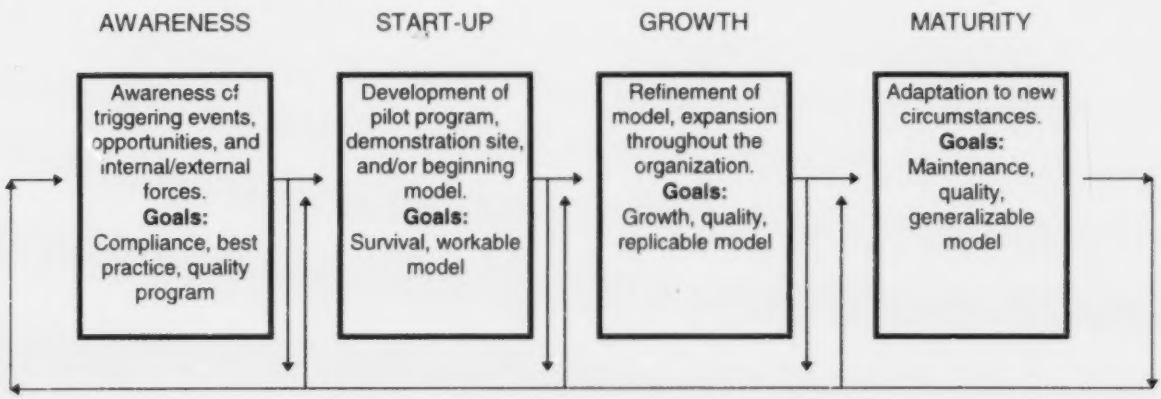
In our delivery of training and consultation are three key concepts or tools: 1) Life Cycle of Inclusion, 2) Four Step Planning Process, and 3) Planning for Successful Inclusion instrument. Combining these three concepts allows us to deliver individualized training and consultation, to facilitate target sites' action plans for implementing inclusion, and to obtain evaluation data on target sites' goals and accomplishments. Each of these three areas is described in more detail below.

LIFE CYCLE OF INCLUSION

It is helpful to view the development of inclusive programs as occurring over a series of stages. New stages are entered as earlier ones are successfully attained. Organizations such as school districts, Head Start programs and day care centers have all progressed through stages of development based on their current inclusive awareness and practices. No matter what the stage, the opportunity for improvement is always viable.

Four notable inclusive program stages are presented in Figure 1. These stages are particularly relevant for agencies that are increasing (branching out) their inclusive efforts (e.g., school district collaborating with Head Start). Progress through the stages, however, is not always a sequence of consecutive actions. It is not unusual for an organization to cycle through any particular stage more than once, or to retreat to a previous stage before moving on to subsequent ones. This typically occurs due to unforeseen events or inadequate planning. The four stages of the inclusive program life cycle are described below.

Figure 1.
Life Cycle of Inclusion



AWARENESS

This stage is characterized by the organization's awareness of the difference between its current practices and inclusive practices. Awareness may occur due to an event such as the request for increased or varying types of inclusive services by a parent of a child with a disability. Events can come from within the organization, as well, e.g., the board of directors, or a newly hired person with prior inclusion experience.

START-UP

In this stage, organizations act upon their awareness by developing a program model. Initial attempts typically begin with a demonstration site or pilot program and move to a gradual phase-in of organization-wide inclusion practices. This is likely the most critical stage in the life cycle. Changes or improvements in inclusive practices can be viewed as a new venture offering opportunities and exposing perils, and the overriding goal at this stage is basic survival. In the end, the hoped-for product is a workable inclusive program model.

GROWTH

Once the inclusion model has proven to be viable, the organization expands upon it. In the Growth stage, the initial inclusive program model is refined, modified, and introduced at deeper and more extensive levels, drawing from experiences gained during Start-up. Many preschool programs are at this stage today with a focus on expanding and varying services for young children and their families.

MATURITY

Because inclusion is an ongoing process, its success requires continuous support and adaptation. At this stage in the life cycle, efforts need to be made to protect and improve its quality and generalize inclusive services wherever needed.

FOUR STEP PLANNING PROCESS

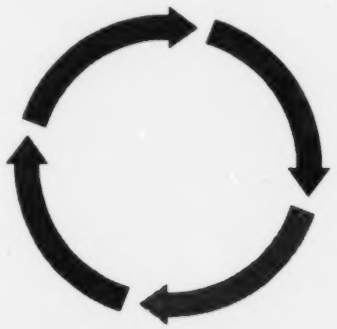
Frequently, organizations start inclusion on a small scale, with a single classroom or building, but on occasion, they make a big leap into inclusive practices. Whichever is the case, starting or expanding inclusive practices within an organization is an ongoing process. Throughout this process all programs can benefit from a continuous improvement focus on services. No matter what the current status of growth, the planning process can greatly enhance an organization's progress in promoting and maintaining an environment where all children are served in the most natural setting with age-like peers. But how can you be assured of success in your planning?

It is the same with inclusion. If we wander about, hoping to stumble upon a viable solution for integrating children with disabilities into the least restrictive

environments, we end up as frustrated teachers, children, and families who are less than adequately served. Rather, we believe that using a strategic (step-by-step) planning process can increase success of implementing and maintaining inclusive services.

The four steps of the planning process are:

1. Identify an area needing improvement
   -Verify area needing improvement
2. Develop an improvement plan
   -Identify "hunches"
   -Verify "hunches"
   -Brainstorm objectives/strategies
   -Action plan
3. Implement the plan
4. Evaluate outcomes



In the words of Deming (1982), it is a **plan, do, review** philosophy. **It is important to note that an organization cycles through these four steps frequently as new areas are identified or changes in plans are needed.** In this process of continuous improvement, the gathering of data is important to support hunches, establish baseline performance, and measure change; therefore collecting data is inherent in each step of the planning process.

PLANNING FOR SUCCESSFUL INCLUSION (PSI) INSTRUMENT

Our purpose in developing *Planning for Successful Inclusion* (PSI) was to have a comprehensive instrument that helps organizations produce change, facilitates the self-evaluation process, and focuses on continuous improvement of quality services for all children. It has been designed to be used by a variety of individuals: parents, teachers, administrators, and support staff. *Planning for Successful Inclusion* has been field-tested in five major locations resulting in valuable consumer feedback which was used in revising the instrument to be self-directed and user-friendly.

The PSI instrument consists of two parts: the Planning for Successful Inclusion (PSI) Process and the Planning for Successful Inclusion (PSI) Resource Directory. The PSI Process involves: 1) increasing awareness, 2) orientation to the planning process, and 3) a four step planning process (as discussed in the previous section). The PSI Resource Directory compliments the PSI Process and contains the instruments for gathering self-evaluation data as organizations implement, maintain, and monitor their inclusive services.

In using the PSI, programs establish what is called a "planning team" consisting of a variety of stakeholders. Stakeholders are defined as any individual within or without an organization that has a "stake" in the organization's future and performance. Stakeholders on the planning team could be administrators, teachers, support staff, parents, and community members.

In addition, two series of videos and workbooks were developed to accompany the PSI instrument. The first series consists of two videos and a

workbook on teaming. *Stages of Group Development* is a 30 minute video which provides the viewer with information, examples, and a model group describing the normal development of groups or teams through the growth process of "Forming, Storming, Norming, and Performing." *Overcoming Roadblocks to Team Development* is a 12 minute video which gives a brief overview of the four stages of group development, discusses three frequently occurring roadblocks that keep a team from moving, and reviews four strategies that can be used to overcome the roadblocks to development. A workbook entitled, *Teaming: The Key to Collaboration*, accompanies these two videos and provides additional information and exercises for building effective teams.

Navigating New Pathways is the second series of videos and workbooks which is of great help to agencies or teams collaborating to provide better inclusive services. There are three videos in the series. The first, *Obstacles to Collaboration*, sets the stage for the others. Through the use of role plays this video illustrates the typical problems staff encounter when collaborating with other agencies. There is an accompanying facilitator's guide which provides questions and structure for group discussion and application. The other two videos demonstrate ways to solve collaboration problems. *Effective Meetings* provides a model for planning and conducting productive meetings with a demonstration group illustrating the techniques. This video comes with a facilitator's guide and an accompanying workbook with contents and exercises that can be used by both individuals and groups. The third video, *Flow Diagramming*, teaches a powerful tool for visually representing organizational processes when interagency collaboration is involved. There is also a facilitator's guide and an accompanying workbook to this video with exercises and examples to help teams through the flow diagramming process.

ADOPTION SITES

The ITT model for training and consultation (which combines the Life Cycle of Inclusion model, the Four Step Planning process, and the *Planning for Successful Inclusion* (PSI) instrument) has been used throughout five major programs/organizations each containing several sites and classrooms within. A brief description of each program including its goal during the granting period, interventions, and outcomes is provided below. Please see Appendix E for the use of PSI instruments by each program.

1. Benton-Franklin Head Start

Goal during granting period: To decentralize the organization and implement inclusive services.

Benton-Franklin serves 371 children and their families and employs 81 staff over five locations in an urban tri-city area. This program has restructured to provide services in a community-based model. They are currently working with five different public school districts to provide inclusive services. They have had success at varying degree with each district.

Upon restructuring, the group formed a task force to study issues related to change. This group and the management team received consultation from ITT project staff. Data was collected on teaming practices and attitudes towards inclusion. Teamwork was noted as an area of concern and subsequent training was delivered.

ITT staff continued to work with management at Benton-Franklin to evaluate the impact of inclusion and to promote internal support systems to maintain inclusive services. This included the development of an integrated work plan to direct collaborating teams. In addition, with support from ITT staff, Benton-Franklin produced a public relations video (both in English and Spanish) highlighting their inclusive program and processes.

2. Columbia Pacific Head Start

Goal during granting period: To decentralize the organization, build teams, decrease staff conflict, and expand inclusive services.

Columbia Pacific Head Start serves 180 families and employees 45 staff over six rural locations. This program, over the past three year, has completed a restructuring phase where ITT staff trained the parent advisory boards and staff on topics relating to inclusion, community mapping, and team development. Because of the decentralized nature of each Head Start center within this organization, each has a local school district with whom they collaborate. Locations have developed yearly action plans based on the self-evaluation they conducted using the Planning for Successful Inclusion (PSI) instrument developed by ITT staff.

Surveys revealed that a common area of focus for all centers involved teaming which resulted in a program-wide training on team practices by ITT project staff. In particular, the St. Helens center and collaborating school district requested workshops promoting partnerships which resulted in improved collaboration and service delivery. ITT staff also worked with management in developing an integrated work plan.

3. Hawaii Department of Education

Goal during granting period: To promote and evaluate inclusive practices.

Hawaii State Department of Education staff serve all children ages 3 to 21 in the state. The state consultant for speech and language professionals and a consultant for the state on Oahu asked to field-test the PSI instrument after being introduced to it at a PacRim Conference in January 1994.

The speech and language consultant coordinated with ITT staff to present at a statewide inclusion conference where our video, *Stages of Group Development*, was featured. In addition, project staff were asked to meet with staff on Maui to present an overview of the PSI. The Hana district has used some of the forms in the PSI and raised the issue of cultural responsiveness to the planning process.

The special education consultant used the PSI to evaluate the effectiveness of state money in promoting inclusion. Small subcontracts had been offered to classrooms in her location. In order to receive continued funding, sites completed

PSI surveys and then were evaluated through an on-site observation. Those involved in best practice strategies were refunded.

Both consultants served as a review team on the PSI during Years Two and Three. They were instrumental in providing project staff with feedback to insure the instrument was user-friendly and practical.

4. Lane County Head Start

Goal during granting period: To promote inclusion through changes in infrastructure, personnel, job descriptions, employee evaluations, and interagency agreements.

Lane County Head Start, employing 85 staff, serves 526 families over five regions in the county from urban to rural. Lane County used the planning section of the PSI and identified the need for supporting systems change to promote inclusion. They requested assistance from ITT project staff in writing job descriptions to promote inclusion, developing a method for linking on-the-job performance with staff evaluations, and conducting training. ITT staff also provided assistance with the development of an interagency agreement to promote inclusive practices. The management team was given ongoing consultation on development of an integrated work plan to promote cross-component service delivery. This form of service delivery promoted teamwork and enhanced the effective use of resources to support quality inclusion.

5. North Idaho Head Start

Goal during granting period: To increase collaboration across and within the organization as inclusive services are offered.

North Idaho Head Start serves 211 families with four centers. The Post Falls Head Start center has completed three years of interagency collaboration with the Post Falls school district. The program is housed in a school district elementary school with school district staff and Head Start staff sharing responsibilities as well as classrooms.

ITT project staff provided trainings to the collaborating staff on issues such as teaming and service coordination. These trainings helped bring the staff together to work as a team and resolve differences in policies, procedures, and teaching philosophies. Changes were documented by data gathered using the instruments in the PSI instrument. In addition, the planning section of the PSI was used to develop mission statements and interagency agreements to promote inclusion. The Post Falls center serves as a model for other centers in the North Idaho program, and based on its success has produced a public relations video with the support of ITT staff.

DISSEMINATION ACTIVITIES

Dissemination activities included 1) presentations at national conferences, regional workshops, and state early childhood conferences; 2) the disbursement of training materials and self-evaluation planning tools; and 3) the preparation of articles for submission to journals. Conference presentations are referenced in Table 1. Much of our presentation success is due to our work with participating

sites. We have co-presented with several sites at regional, state, and national conferences. This commitment by the participating staff and administrators has helped increase the validity of ITT products and processes. The disbursement of training materials occurred at large conference settings and on an individual case-by-case basis. A list of products we disseminated is located in Table 2.

Based on a survey of early childhood personnel examining the events that trigger and maintain inclusion, the article, "Start-up and Subsequent Triggers to Inclusive Preschool Programs" has been accepted for publication by The Academy of Educational Leadership. Another article entitled, "A Step-by-Step Process for Implementing Quality Inclusion" has been accepted for publication by the NAEYC journal Young Children. Lastly, the manuscript, "A Community-Based Model for Continuous Improvement in Early Childhood Special Education" which describes our technical assistance model and the *Planning for Successful Inclusion* instrument will be submitted to the Journal of Early Intervention in the winter of 1996. In addition, our products have been highlighted in two national newsletters, Inclusion Forum and Inclusion Times.

Lastly, as referenced in the Goals and Objectives section, our products have been marketed over the Earlychildhood Newsgroup Special Net through NEC*TAS. We are also preparing a mailing of brochures detailing our products to be sent Fall of 1996 to 1) State Departments of Education and Region X Head Start personnel, 2) Part H and 619 coordinators in each state, and 3) Parent Training Information Centers nationwide.

Table 1.
Conference Presentations

Name and Location	Number of Attendees	Date
NEC*TAS Phoenix, Arizona	10	September 1993
Idaho CEC/DEC Sun Valley, Idaho	15	October 1993
PacRim Conference Honolulu, Hawaii	120	January 1994
Region X Head Start Seattle, Washington	120	March 1994
Idaho CEC/DEC Boise, Idaho	23	October 1994
International Early Childhood St. Thomas, Virgin Islands	32	October 1994
Pacific Rim Honolulu, Hawaii	135	January 1995
Region X Head Start Portland, Oregon	35	February 1995
National CEC Indianapolis, Indiana	30	April 1995
Infant and Early Childhood Bellevue, Washington	25	May 1995
International Early Childhood Bahamas	30	September 1995
Idaho CEC/DEC Sun Valley, Idaho	35	October 1995
National DEC Orlando, Florida	50	November 1995
National TED Honolulu, Hawaii	10	November 1995
Pacific Rim (2 presentations) Honolulu, Hawaii	100	January 1996
Oregon DEC Eugene, Oregon	27	February 1996
Region X Head Start Boise, Idaho	60	March 1996
National Head Start (3 presentations) New Orleans, Louisiana	62	March 1996
National CEC Orlando, Florida	23	April 1996

Table 2.
Products Disseminated

Instrument	Videos	Facilitator's Guides and Workbooks
Planning for Successful Inclusion (PSI)	**Teaming Series:** Stages of Group Development Overcoming Roadblocks to Team Development **Navigating New Pathways Series:** Obstacles to Collaboration Effective Meetings Flow Diagramming	Teaming: The Key to Collaboration (workbook) Obstacles to Collaboration (Facilitator's Guide) Effective Meetings (Facilitator's Guide and Workbook) Flow Diagramming (Facilitator's Guide and Workbook)

Note: All products are available through Jennifer Olson, University of Idaho, ICDD, 129 W. Third, Moscow, ID 83843

TRAINING/CONSULTATION ACTIVITIES

ITT Project staff offered 64 workshops, presentations, or on-site consultations over a three-year time period, as shown in Table 3. As can be noted, 1,787 individuals were trained or received technical assistance over the three years. Training was received in large group workshop format or in small task forces or teams of two to five persons. Consultations consisted of follow-up visits to sites to assist them in the implementation of their action plan goals or to provide additional information. In addition, ITT staff conducted three Institutes for all participating sites to promote networking and encourage reporting on progress.

Table 3.
Training Activities

Program and Location	Number of Attendees	Date
Health Department Denver, Colorado	13	September 1993
Malheur County Ontario, Oregon	30	October 1993
Malheur County Ontario, Oregon	10	October 1993
Coastal Community Action Program Aberdeen, Washington	12	October 1993

Table 3 Cont.

Columbia Pacific Head Start Rainier, Washington	60	October 1993
Columbia Pacific Head Start Rainier, Washington	15	October 1993
Kauai Parks and Recreation Kauai, Hawaii	15	January 1994
Columbia Pacific Head Start Astoria, Oregon	23	January 1994
Malheur County Head Start Ontario, Oregon	43	February 1994
Lincoln County Health District Davenport, Washington	6	February 1994
Lane County Head Start Eugene, Oregon	17	March 1994
North Idaho Head Start Post Falls, Idaho	8	March 1994
North Idaho Head Start Post Falls, Idaho	8	March 1994
Benton-Franklin Head Start Richland, Washington	81	April 1994
Columbia Pacific Head Start Rainier, Oregon	75	April 1994
Lane County Head Start Eugene, Oregon	17	May 1994
Lincoln County Health District Davenport, Washington	6	May 1994
Benton-Franklin Head Start Richland, Washington	81	May 1994
Hawaii State Department of Education Honolulu, Hawaii	11	May 1994
Benton-Franklin Head Start Richland, Washington	81	May 1994
Columbia Pacific Head Start Rainier, Oregon	8	July 1994
Lane County Head Start Eugene, Oregon	85	August 1994
Benton-Franklin Head Start Richland, Washington	108	September 1994
North Idaho Head Start Coeur d'Alene, Idaho	8	September 1994
ITT Institute #1 Moscow, Idaho	11	October 1994

Table 3 Cont.

North Idaho Head Start Post Falls, Idaho	12	October 1994
Lane County Head Start Eugene, Oregon	15	November 1994
North Idaho Head Start Post Falls, Idaho	12	November 1994
Benton-Franklin Head Start Richland, WA	8	December 1994
Benton-Franklin Regional Managers Moscow, Idaho	5	December 1994
Hawaii State Department of Education Honolulu, Hawaii	6	January 1995
Neuromuscular Center Longview, Washington	18	January 1995
Columbia Pacific Head Start Rainier, Oregon	8	January 1995
Columbia Pacific Head Start St. Helens, Oregon	5	January 1995
Columbia Pacific Head Start St. Helens, Oregon	16	January 1995
Columbia Pacific Head Start St. Helens, Oregon	75	January 1995
Benton-Franklin Head Start Kennewick, Washington	72	January 1995
Lane County Head Start Eugene, Oregon	14	January 1995
Columbia Pacific Head Start St. Helens, Oregon	15	February 1995
Region X Head Start Portland, Oregon	1	February 1995
ITT Grant Site Administration Portland, Oregon	16	February 1995
Lewis-Clark Head Start Lewiston, Idaho	80	February 1995
Benton-Franklin Head Start Richland, Washington	108	February 1995
North Idaho Head Start Post Falls, Idaho	2	March 1995
North Idaho Head Start Post Falls, Idaho	8	March 1995
Benton-Franklin Head Start Pasco, Washington	12	March 1995

Table 3 Cont.

Lewis-Clark Head Start Lewiston, Idaho	12	April 1995
Lewis-Clark Head Start Lewiston, Idaho	12	April 1995
Benton-Franklin Head Start Richland, WA	108	April 1995
Benton-Franklin Head Start Richland, WA	15	April 1995
Region X Head Start Portland, Oregon	70	May 1995
Lewis-Clark Head Start Lewiston, Idaho	65	May 1995
Columbia Pacific Head Start Rainier, Oregon	11	May 1995
Parent Child Services, Inc. Portland, Oregon	8	May 1995
ITT Institute #2 Waldport, Oregon	8	August 1995
Parent Child Center Portland, Oregon	40	October 1995
Region X Head Start and Columbia Pacific Head Start Seattle, Washington	7	December 1995
Lane County Head Start Eugene, Oregon	3	January 1996
Lane County Head Start Eugene, Oregon	12	January 1996
St. Maries School District St. Maries, Idaho	7	February 1996
Lane County Head Start Florence, Oregon	3	March 1996
Southern Oregon Head Start Medford, Oregon	18	April 1996
Linn County ESD Albany, Oregon	21	May 1996
ITT Institute #3 Portland, Oregon	27	August 1996

METHODOLOGICAL PROBLEMS AND RESOLUTIONS

A major change in the project was the modification of the original flow chart of five phases of training included in the initial proposal. Upon review of the literature in the fall of 1993, it was determined that the flow chart was too narrow in scope and was based on the assumption that target sites were entering into the technical assistance agreement at the same stages of development towards full inclusion. For example, some projects are at the awareness stage, others are growing and want to refine their inclusive practices.

The current assessment tool, PSI, and model for delivery of service allows for the sites to enter into consultation and training and move in a direction that is consistent with their present level of commitment and performance. The model used involves four steps: 1) identify an area needing improvement, 2) develop an improvement plan, 3) implement the plan, and 4) evaluate outcomes. This model is described in more depth the Description of Model section of this report.

EVALUATION FINDINGS AND PROJECT IMPACT

Evaluation findings for the Inclusion through Transdisciplinary Teaming project are directly tied to our project's impact and focus on the following areas: 1) consumer feedback on the *Planning for Successful Inclusion* instrument, 2) changes is team practices, and 3) service provider attitudes towards inclusion. For impact purposes, we consistently collected data across sites with regards to attitudes towards inclusion and teaming practices.

FEEDBACK ON PSI INSTRUMENT

With regards to the *Planning for Successful Inclusion* (PSI) instrument, much of our focus was gathering feedback from sites and reviewers in order to produce a user-friendly, effective planning and evaluation tool for implementing and monitoring inclusion. We used several different modes of evaluation in gathering such feedback including reaction questions at the end of instruments, interviews with site personnel, and review panels with state board of education personnel, NEC*TAS, an early childhood consultant, and case study presentations.

Participating sites in their use of the PSI made recommendations which resulted in a simplification of narration throughout the instrument, more consistency in format and layout of instruments, and clarification of particular survey scales and items. In addition, a training needs assessment was added and one site seeing a gap in the instrument developed a survey to measure the family friendliness of a program.

During Year One, two consultants from National Early Childhood Technical Assistance Systems (NEC*TAS) attended a two day meeting with project personnel where their review helped in clarifying our Life Cycle of Inclusion model and necessary elements for making the PSI eventually a stand-alone instrument. Our second review by two consultants from the Hawaii State Department of Education resulted in a clarification of jargon, a reformatting of the PSI to follow the Life Cycle of Inclusion model, and the addition of a survey measuring support staff practices. Lastly, in Year Three, Dr. Charles A. Peck, an expert in early childhood special education, was brought in as a consultant to review the PSI instrument. His review helped project staff further clarify and strengthen the layout of the PSI so as to have a user-friendly instrument and finalize preparations for dissemination.

At the conclusion of Year Two of the project, an initial case study was developed by each of the major participating sites. These case studies were presented at a project sponsored institute in August 1995, and were then used as a basis for regional and national conference presentations by project staff and participating sites. In 1996, a final institute was scheduled. Participating sites reported to Head Start directors representing several programs from Region X, regional consultants, and state department coordinators. Participants described the growth their programs had experienced over the past three years and the role of the *Planning for Successful Inclusion* instrument and ITT technical assistance.

IMPACT OF TRAINING AND TECHNICAL ASSISTANCE

Although the emphasis of the project was individualized assistance based on the unique needs and strengths of each participating early childhood program, promotion of inclusion was the basic purpose of all technical assistance and training. The PSI instrument used as part of our technical assistance assisted participating program personnel with planning for and improving aspects of service which would result in successful inclusion.

Upon entry into an outreach arrangement, project personnel would conduct a structured interview with program leaders to determine initial concerns about present inclusive practices. These initial areas of concern were then examined more fully by participating site personnel through completion of a corresponding survey(s) from the PSI. If the concern was validated by the data from the survey, training and technical assistance was constructed around these needs within the parameter of our project's goals. The most frequent areas of need initially identified were teaming, improved attitudes towards inclusion, and systems planning to enable inclusion. Twenty-three teams completed a pre-survey in the interest area of teaming. Due to the volume of response, it was decided to review the changes in perception of effective teaming among early childhood programs participating in our project. The results of our analysis are discussed below.

Outreach Participant's Pre/Post Perception toward Teaming.

Subjects: Twenty-three teams of early childhood professionals from the states of Idaho, Oregon and Washington requested and received training on effective teaming over the three year cycle of the outreach project. Head Start teachers and personnel represented 80% of the participatns and 20% were public school preschool teachers, aides and ancillary personnel serving children ages three to five and their families. The participants ranged in age from 22 to 65 years of age and many had been employed in early childhood service roles for over ten years. Approximately 20% of the participants were of Hispanic, African American or Native American descent. There was a mixture of urban and rural programs with 12 of the 23 teams serving rural, remote areas of the Northwest, and 13 teams working in population areas over 100,000. Twenty-five percent of the children were of diverse cultures or race and 12% were identified as disabled and had an individualized educational plan.

Method: Upon request for technical assistance, a structured interview to identify chief areas of interest or need was completed. A series of surveys from the PSI were administered to determine if the stated areas of interest were indeed an issue across the participating program. Twenty-three teams requested assistance with teaming and as a result 164 persons completed a confidential Team Characteristics Survey. The surveys were sent to the program and respondents returned the surveys to outreach personnel rather than to the administration at the participating sites. Respondents were asked to identify themselves by name and team and were allowed to use a maiden name or a ghost name if they so desired. Following the completion of the survey, results were tabulated, summarized and returned to the team to help in its action planning and

decision making regarding training content. For example, one group decided to work on conflict; another, communication within and across teams.

Training typically consisted of a one- to three-day training on teaming and action planning, with follow-up contact to assist with planning activities. Follow-up spanned five to eighteen months depending on the goals of the various teams.

The Team Characteristics Survey was adapted from Dyer's (l972) Team Building Checklist to reflect an educational perspective in tone and language. The Team Characteristics Survey consists of twenty-eight items rated with a five-point likert scale (five being frequently and one being rarely). Items cover the topics of team productivity, conflict management, interpersonal communication, and strategic planning including setting goals and defining roles and norms.

At the conclusion of the follow-up phase, 134 of the original 164 respondents completed the post surveys. (The variance in numbers was due in part to personnel leaving their positions.)

Results: Table 4 shows the mean scores for each item of the Team Characteristic Survey, pre and post for all 23 teams over a period up to eighteen months. All items on the scale, except two (Item 9 and Item 24), increased to a higher rating on the five point scale. Table 4 also lists the post minus the pre means for grant related items and their significance. Items 4, 14, 15, 16, 23, and 25 showed significant positive change in perceptions about conflict, communication, trust, respect, and support. Items 2, 6, 19, and 22 showed significant improvement in the use of strategic planning concepts.

Discussion: As can be noted in Table 4, items on the survey associated with strategic planning (e.g. unified philosophy or mission, goal setting, and clarity of roles and responsibilities) moved in a positive direction on the five point scale from pre to post. This could be associated with the emphasis upon action planning that was required as part of the training and follow-up. Teams were asked to follow the strategic planning process in setting and implementing goals towards improving their teaming. Follow-up visits were designed around the action plans with teams being asked to revisit their plan and evaluate/refine their plan at each session.

The second area of positive growth was in perceptions about conflict, communication, trust, respect, and support. Teams whose pre-survey data indicated unresolved conflict or interpersonal issues, were asked to work on these issues internally. If internal intervention was not successful, outreach personnel provided additional training or consultation on conflict management and effective communication. Teams were also encouraged to use local consultants to assist them with interpersonal issues wherever possible. Two teams elected to use local consultants and were able to report substantial gains in these area.

Table 4.
Pre and Post Mean Scores of Team Perceptions on Teaming Characteristics Survey

		Pre Mean n=164	Post Mean n=134	Grant Related Items: Post - Pre Mean
1.	Team members on your team are highly productive.	4.04	4.44	
2.	Methods, approaches, and educational philosophy are in agreement among team members.	3.66	3.91	.25*
3.	The styles and/or personalities of all team members allow them to work productively.	3.73	3.96	
4.	Team members work without conflicts and/or feelings of hostility.	4.02	4.26	.24*
5.	The team has clear goals.	3.80	4.00	
6.	The team has a commitment to existing goals.	4.01	4.26	.25*
7.	Team members are interested and involved in team meetings.	4.04	4.18	
8.	The team, as a whole, is very efficient at solving problems or making decisions.	3.96	4.19	
9.	There is a high level of risk-taking among most team members.	2.90	2.84	
10.	There is a high level of initiative-taking among team members.	3.80	4.06	
11.	Team members follow up on the decisions made at team meetings.	3.99	4.13	
12.	Team meetings are an effective use of time.	3.77	3.97	
13.	You work well with your supervisor or team leader in team meetings.	4.42	4.54	
14.	Team members communicate well with each other, for example, listening, participating with no one person dominating.	3.68	4.03	.35**
15.	There is a high level of trust among team members.	3.83	4.10	.27*
16.	There is a high level of trust between your supervisor and/or team leader and team members.	3.89	4.23	.34**
17.	Team consensus is used to make final decisions.	3.84	3.90	
18.	Team members feel that their work is recognized and rewarded.	3.41	3.63	

Table 4 Cont.

		Pre Mean n=164	Post Mean n=134	Grant Related Items: Post - Pre Mean
19.	Team members are clear on their roles and responsibilities for accomplishing goals.	3.64	3.92	.28*
20.	Turf and territorial issues reagarding roles and responsibilities are recognized and corrected.	3.59	3.73	
21.	There is evidence of interest in individual team members' problems and successes.	3.88	4.09	
22.	The team has adopted a unified philosophy or mission.	3.58	4.03	.45**
23.	Team members respect the competence of those members with decision-making authority.	3.86	4.10	.24*
24.	All issues at team meetings are discussed openly.	3.66	3.85	
25.	There is a willingness to assist, support and aid one another on your team in various projects and tasks.	4.09	4.30	.21*
26.	The team works well in planning and reaching its goals.	3.79	3.98	
27.	A team leader is identified.	3.63	3.36	
28.	A team makes decisions effectively.	3.94	3.99	

* Significant at .05 level, one-tailed t-test
** Significant at .01 level, one-tailed t-test

An interesting phenomena observed by outreach project personnel, was the manner in which the teams utilized the surveys to self-evaluate their progress towards effective teaming. The survey became a mechanism for the team members to comment upon their continuing needs or success. For example, several members on one team wrote "Yea, we finally were able to improve on this!" beside the place they scored an item. Others used the comments section of the survey to reflect on the changes their team was experiencing. A sample remark which reflects respondents' use of the instrument to report and celebrate positive change is, "I have a lot of hope for us as a team."

Summaries of the information teams sent to outreach staff were prepared and sent to the administrators of the involved teams. Administrators were asked to note changes on the teams perception and to celebrate areas of self-reported

growth. It was hoped that the process of using survey information to validate the need for change and to assess growth would continue to be used as a strategic planning tool by individual teams and their administration.

Service Providers Attitudes Towards Inclusion.

Consistent with the purpose of the grant, project personnel were interested in collecting information on preschool personnel attitudes towards inclusion. Service provide attitudes was also one of the three most frequently mentioned areas of initial need listed in the interviews with administrators. As a result, 40 participants completed surveys on their attitude towards inclusion. The Attitudes towards Inclusion Survey consists of 20 items rated on a five-point likert scale (five being strongly agree and one rating strongly disagree). A summary of these data is shown in Table 5.

As can be noted in Table 5, the participants expressed a positive attitude towards the overall importance and effectiveness of inclusion. Respondents felt inclusion promoted growth, acceptance among groups, social independence, development of academic skills. The highest level of agreement among respondents was on the statement "children with disabilities should be given every opportunity to function in a real-world setting." Interestingly, the respondents to the survey scored low agreement on items that reflected a more negative perception of inclusion. They did not believe children with disabilities could best be served in special, separate classes, nor did they believe it would be difficult to maintain order in a class including children with disabilities. There was resounding rejection to the items associated with children with disabilities being isolated or view as poor peer models for other children. Overall, the forty respondents had a positive feeling towards inclusion (4.08), while they were more neutral about the inclusive services at their own program (3.36). Given the positive nature of their responses and the more neutral response to how their program was implementing inclusion, the administration could perhaps build on the positive attitudes of the staff to make improvements. Interviews with the staff about the current practices in their program revealed a dissatisfaction with allocation of resources such as personnel in the classroom, assistance from other agencies, transportation issues and failure of interagency agreements to meet expectations.

It would be our recommendation that other projects collect information on service provider attitudes towards inclusion. Our survey results would indicate a positive philosophical commitment to inclusion, while staff interviews reflected a dissatisfaction due to lack of resources or allocation of personnel. Administrators could use this information to assist in planning methods for improving inclusive settings.

Table 5.
Mean Scores of Service Providers' Attitudes Towards Inclusion (n=40)

	Strongly Disagree		Neutral		Strongly Agree	MEAN
1. All of the things in a classroom or program are appropriate for children with disabilities.	1	2	3	4	5	3.10
2. The needs of a child with disabilities can best be served through special, separate classes.	1	2	3	4	5	2.23
3. Inclusion will promote the growth (academic, social, etc.) of the child with disabilities.	1	2	3	4	5	4.28
4. The extra attention that a child with disabilities requires will take away from the other children in the setting.	1	2	3	4	5	2.88
5. Inclusion offers mixed group interaction which will foster understanding and acceptance of differences by all children.	1	2	3	4	5	4.39
6. It is difficult to maintain order in a setting that contains a child with disabilities.	1	2	3	4	5	2.34
7. The behavior of a child with disabilities will set a bad example for the other children in the setting.	1	2	3	4	5	1.80
8. The child with disabilities will probably develop academic skills more rapidly in an inclusive setting than in a segregated setting.	1	2	3	4	5	3.79
9. Inclusion of children with disabilities will require significant changes in the procedures for the setting.	1	2	3	4	5	3.16

Table 5 Cont.

		Strongly Disagree		Neutral		Strongly Agree	MEAN
10.	Most children with disabilities are well behaved in an inclusive setting.	1	2	3	4	5	3.10
11.	Children learn best from their peers.	1	2	3	4	5	4.05
12.	Children with disabilities will monopolize the service provider's time.	1	2	3	4	5	2.83
13.	Inclusion promotes social independence.	1	2	3	4	5	4.10
14.	Increased freedom in the inclusive setting creates too much confusion for the child with disabilities.	1	2	3	4	5	2.05
15.	The child with disabilities will be socially isolated by children without disabilities.	1	2	3	4	5	1.88
16.	Parents of children with disabilities require no more effort for a service provider than those of a child without disabilities.	1	2	3	4	5	2.65
17.	Inclusion of children with disabilities will necessitate extensive retraining of all service providers.	1	2	3	4	5	3.18
18.	Children with disabilities should be given every opportunity to function in a real-world setting.	1	2	3	4	5	4.50
19.	If inclusion is already occurring in your program, what is your level of satisfaction with the service you provide in the inclusive setting.	Low 1	2	3	4	High 5	3.36
20.	What is your general feeling regarding inclusion?	Negative 1	2	3	4	Positive 5	4.08

IMPACT ON THE NEEDS OF CHILDREN AND FAMILIES

As was stated in the introduction of this report, providing services to young children in the most natural environments with their age-alike peers is best practice. Inclusion promotes opportunity for children with and without disabilities to fulfill their potential in their families, classrooms, schools and communities. In response to federal legislation and research recommendations, vast numbers of early childhood settings are attempting varying stages of inclusion. Too often, these attempts fail or programs struggle to achieve the aspirations of parents, staff and administrators. It is our premise this lack of success is due to a lack of the careful use of strategic planning policies and strategies. *The Planning for Successful Inclusion* instrument provides early childhood personnel and parents with a tool to accomplish this planning and evaluation process.

An effective planning process produces success where failure threatens to doom a fledgling program. In those instances where well intentioned staff can't find the resources they need to maintain, where administration dictates change without providing the supporting systems for success, where groups are required to be teams with little time or training to insure achievement--the PSI can be an invaluable tool. Through effective planning inclusion can and will succeed and this success will have long-lasting positive impact for young children and their families.

In addition to promoting quality inclusive practices, the PSI also empowers the internal and external consumers of the early education systems. The internal customers, the staff and administration, are asked to analyze their current status and develop hunches on strategies for improvement or reasons for less than optimal performance. Together, staff, with their administrators, collect information and go about solving issues that detract from the quality services they desire. The instrument helps them to diagram the circumstances and proceed in a fashion which results in long-term adjustments within the system that promote inclusion (e.g., changes in job descriptions, mission statements, training schedules, and team work times). On the other hand, parents, the external consumer are equally involved. The instrument is designed to be used by parents and in every area surveys or questionnaires have been designed to seek parents' opinions, suggestions for improvement, and satisfaction with results.

A strong emphasis of the PSI is the teaming approach to service delivery. The process described in the PSI is one of collaborative teamwork. Much of the consultation and training provided by the staff has centered around team training. Teamwork extends the resources available to young children and their families, reduces conflict, and facilitates creative planning for developing classroom goals and strategies.

CONTRIBUTION PROJECT MADE TO CURRENT PRACTICES

The PSI provides the early childhood professional with a system for evaluating and planning for effective inclusion. The instrument contains information on a wide spectrum of domains associated with inclusive practices from planning to teamwork, curriculum, IEP development, family involvement and community support. Prior to this project most evaluation tools were specific to a domain such as classroom; or when more comprehensive, were geared to older age groups of children (Halversen, Smithey, Neary, & Gilbert, 1992; Kleinert, Smith, & Hudson, 1990). This project has produced and field-tested an instrument which clearly benefits the field in early childhood education. Use of the instrument and strategies contained in the process will definitely assist sites who struggle to improve their services for all young children.

FUTURE ACTIVITIES

Future activities include continued consultation, field-testing and dissemination of all project products and activities. We are currently working with two educational service districts in Oregon who will begin field-testing the PSI in winter l996. We will maintain contact with them to monitor the effect of the planning process and their use of the PSI. As appropriate, we will provide consultative support.

Dissemination will continue to be an ongoing process. We have been funded to develop an inservice training package for early childhood professionals. The modules developed are in the areas of teaming, activity-based instruction, and family partnerships in inclusion. We are using many of the instruments developed by the ITT project and contained in the PSI to gather pre and post data on the effectiveness of the inservice training. Wherever possible, we emphasize the concept of strategic planning to promote inclusion as contained in the PSI.

In addition, we will be preparing at least one more article for national dissemination through a referred journal.

ASSURANCE STATEMENT

In accordance with the requirements of this final report, we have sent a copy of the full final report to the ERIC/OSEP Special Project and one copy of the title page and abstract to each of the following agencies/programs: NEC*TAS, National Clearinghouse for Professions in Special Education, National Information Center for Children and Youth with Disabilities, Technical Assistance for Parent Programs Project, National Diffusion Network, Child and Adolescent Service System Program, Northeast Regional Resource Center, MidSouth Regional Resource Center, South Atlantic Regional Resource Center, Great Lakes Area Regional Resource Center, Mountain Plains Regional Resource Center, Western Regional Resource Center, and Federal Regional Resource Center.

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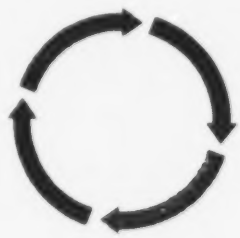
Planning for Successful Inclusion (PSI)
INTRODUCTION

Our purpose in developing the PSI was to have a comprehensive instrument that helps organizations produce change, facilitates the self-evaluation process, and focuses on continuous improvement of quality services for all children. It has been designed to be used by a variety of individuals: parents, teachers, administrators, and support staff.

The PSI instrument consists of two parts: the PSI Process and the PSI Resource Directory. The PSI Process involves: 1) increasing awareness, 2) orientation to the planning process, and 3) a four step planning process. The PSI Resource Directory compliments the PSI Process and contains the instruments for gathering self-evaluation data as organizations implement, maintain, and monitor their inclusive services.

The PSI instrument helps programs to achieve successful change through planning and self-evaluation. The planning process has four steps:

1. Identify an area needing improvement
2. Develop an improvement plan
3. Implement the plan
4. Evaluate outcomes



Who should be involved? It is recommended that you establish what will be called a "planning team" consisting of a variety of stakeholders. Stakeholders are defined as any individual within or without an organization that has a "stake" in the organization's future and performance. Stakeholders on the planning team could include administrators, teachers, support staff, parents, and community members.

ACKNOWLEDGMENTS

We wish to convey our thanks to a number of people who contributed to the development of this comprehensive self-evaluation instrument. First, we wish to extend our gratitude to our field-test sites and others who were helpful in the development of the PSI instrument:

Benton-Franklin Head Start
Jim Skucy and Karen Weakley
Columbia Pacific Head Start
Joyce Ervin and Sandi McCray
Hawaii State Department of Education
Bobbi Braun and Jean Nakasato
Lane County Head Start
Annie Soto and Karen Hamilton
Marty Denham
North Idaho Head Start
Dough Fagerness and Meredith Deprisco-Gaffney

In the development of our resource directory, we also would like to acknowledge the individuals who allowed us to use and/or adapt questions or statements from their instruments or articles.

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Planning for Successful Inclusion
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Planning for Successful Inclusion
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ACTION PLAN

Post Falls District Pre-School and Head Start Center
August, 1995

	OBJECTIVES	OUTCOME	RESOURCES	PERSON RESPONSIBLE	DATE LINE
1	To determine attitudes, expectations, and reactions of parents participating as volunteer members of the classroom teaching team.	To complete a Practices I Survey (SerPro-5) for each staff member and for each parent immed-iately after they have volunteered three times in the classroom.	PSI U of I for tabulating and analyzing the results.	Sharon: to obtain completed surveys. Doug: to get completed surveys to ITT.	Dec. 1, 1995
2	To evaluate the nature of teamwork in each of the seven Head Start Centers in North Idaho.	To complete a Team 3 Survey for each staff member in every Head Start Center.	Same as above	Doug	Oct. 30, 1995
3	To evaluate the nature of teamwork in the Post Falls Center.	To complete a Team 3 and a Team 11 Survey for each staff member at the Post Falls site.	Same as above	Doug	Sept. 30, 1995
4	To probe the community fro values and attitudes which influence inclusion.	To complete a Community 10 Survey for each audience member after they have viewed the "Together We're Better" video and participated in the discussion session following the viewing.	Video plus the same as above	Doug/Meridith Post Falls PR Team	On-going with data sent to U of I as it is gath-ered

BENTON FRANKLIN HEAD START ACTION PLAN
Pasco Site, 1995-96

Goals: To evaluate curriculum and practices in the inclusion program at the Martin Luther King Center and to determine the level and type of staff support needed.

Date to be Completed	Objective	Tools Needed	Person Responsible	Outcome Expected
Nov.	To identify the level of administrative support given to DST staff	SERVPRO-12	Karen/Anna/DST	Information
Nov.	To identify staff training needs for the coming year	SERVPRO-20	Karen/Anna/DST	Guidance for planning
Dec	To determine level of integrated planning for children with disabilities and their peers.	CURRMETH10	Karen/Jen	Identify areas re-training
Jan.	To identify how staff rate their own practices with children.	SERVPRO-5	Karen/Anna/DST	Validate perceptions
Feb.	To review records to identify methods and materials that support inclusion	CURRMETH-13	Karen/Jen	
Mar	To make a video for promotion of the PSD/HS collaboration	U of I resources	Karen/Anna/Jen/Mike	Public Relations
April	To evaluate unmet training needs	staff questionnaire	Karen/Anna/Jen	Planning Information
May	To re-design transition/enrollment paperwork for new students for 1996-97	TBD	Karen/Anna/Jen/Mike	Smoother transition

RESPONSIBLE PERSONS IDENTIFIED: Karen Weakley, HS Education Specialist
Jennifer Coppinger, PSD Sp. Ed. Teacher
Anna Meigs, MLK Site Supervisor
Mike Prudhomme, PSD Education Specialist

BENTON FRANKLIN HEAD START ACTION PLAN
Richland Site, 1995-96

Goals: To evaluate the progress toward fully inclusive practices in the first year of the collaborative program with Richland School District

Date to be Completed	Objective	Tools Needed	Person Responsible	Outcome Expected
Nov.	To survey all DST members regarding their attitudes toward inclusion.	SERVPRO15	Karen/Susan/DST	Baseline info.
Jan.	To review lesson plans to determine level of integration of IEP goals	CURRMETH 10	Karen/Emma	Identify level of staff skills
Feb.	To review classroom methods & materials as a tool for successful inclusion	CURRMETH 13	Karen/Emma	Identify current practices
Mar	To monitor the program in accordance with HS performance standards-Ed & Dis. services	On-Site Program Review Instrument	Core Team	Monitoring practices
April	To plan and implement a process for transitioning children to and from HS	TBD	Karen/Emma/Susan/Ralph	Transition process

RESPONSIBLE PERSONS IDENTIFIED: Karen Weakley, HS Education Specialist
Susan Waldo, Richland Site Supervisor
Emma Martin, RSD Sp. Ed. Teacher
Ralph Sanner, RSD Preschool Coordinator

BENTON FRANKLIN HEAD START ACTION PLAN
All sites, 1995-96

Goals: To increase the knowledge of the Policy Council and the Child & Family Development Network surrounding our Inclusion efforts and gain their support.

Date to be Completed	Objective	Tools Needed	Person Responsible	Outcome Expected
Nov./Dec	To attend a policy council & board meetings and educate them about regs and inclusion efforts	Disabilities Information	Karen/Jim	Gain support
Nov./Dec	To survey policy council & board as to their attitudes about inclusion	COMM 10	Karen/Jim	Identify level of support
April	To participate in program monitoring in areas of education an disabilities services	On Site Program Review Instrument	Jim/Marsha	Monitoring

RESPONSIBLE PERSONS IDENTIFIED: Karen Weakley, HS Education Specialist
Marsha Murkowski, HS Program Coordinator
Jim Skucy, HS Director

Transcript of Richland Questions

Policy Council Profile (with input from Admin)

1. **How often does the board meet?**

   Once per month; we may call meetings more often than that when special needs or special topics arise.

   What is your role?

   Decision making; budget issues, setting guidelines.

2. **List two strengths of your program. Is special education one of these strengths? Why or why not?**

   There is a focus on the family; the program is family-driven. The family has a strong voice. The program has strong staff commitment. SPED is a strength, from the council's view, particularly in the areas of speech and language. But, according to Admin, services are fragmented.

3. **List two weaknesses**

   Fragmentation of sped services (admin viewpoint); communication between staff and between parents and staff (we are reactive rather than proactive).

   Long days for kids (due to services not being offered in one location, they have to be taken to different programs/services such as speech, PT, etc.). The services are not integrated.

   There is a feeling that the three sites are independent, and some get more services than others. Transportation is difficult. There are language barriers; last year we had children and families who had five first languages other than english (spanish, dutch, russian, laotian, and vietnamese).

   We need basic parent education, including parenting, vocational, education, etc.

   Parents with special needs are not adequately responded to, e.g, those with physical disabilities have difficulty arranging transportation.

   There is a stigma attached to low income families; teacher interaction with parents sometimes is "talk down to", condescending, or based on the assumption that because they're poor they are also "slow" or not bright.

4. **Where do your see your organization in five years, and how does special education and inclusion fit into your five year plan?**

Admin: We want to be more decentralized, with more separate sites. We want to retain quality with growth. We want dialoge with Richland and Kennewick school districts.

PC: Separate sites need to be equal in resources. Parents need to become more organized in their advocacy. We want full inclusion, with no more pull-out services.

Program Profile: The Peck Questions

1. **What aspects of the program you have been involved with appear to be working especially well?**

Mental health services are; we work with Catholic Family and Children Services, and they have done some work with staff.

2. **What have been the greatest difficulties in the integrated programs you have been involved with?**

Lack of parent involvement in the beginning of the process; parents are often initially overwhelmed by the services, screenings, etc.

Funding is a problem; we aren't able to share resources with school districts (they don't share). It is difficult to keep quality staff, due to poor pay. There are no checks or balances with district services, and little communication about or negotiation of services with the school districts.

Summary of Healthy Communities Checklist

Total Mean Score: 1.3, on a scale of 0 - 4. This indicates a below average score for the Tri-Cities area (2 - average). Based upon the ratings of two parents and two H.S. administrative staff, the Tri-Cities does not hold children as a high priority. It would be useful to expand this survey in August to get a higher N, and see if this view is sustained.

Individual mean scores ranged from 1.07 to 2.03. Median score was 1.15.

Lowest item: #13 - (score 0.5) "After preschool care is available for all children."

#20 - (score 0.5) "Mentoring and support suervices are wide spread (arent-to-parent, and organization-to-parent."

Highest item: #1 - (score 2.5) "Children are a top priority."

Summary of SWOT analysis

Focus Site: Pasco (Martin Luther King site)
Life Cycle Stage: Start-up

Goals:
1. Cooperative Staff training (H.S. & S.D)
2. Joint Screening with Head Start and School District
3. Sharing resources (building, transportation, parent education)
4. Education of parents

SWOT Analysis

Focus Goal: Cooperative Staff Training

Strengths
Administrative Awareness & commitment

Philosophical match between Head Start & School District (both administrators & teachers

Opportunities
Parent Involvement

Health Department

Pasco parks and recreation

ICC

PAVE

DDD

Weaknesses
Some staff feel threatened by others' expertise

Threats
Some parents remain biased about different cultures & disabilities

Funding sources

Transportation barriers to parents who need that assistance to participate in parent education programs

Language barriers

Administrative Interviews

Teaming

1. **How does this organization use a team approach to make decisions and deliver services to children?**

Marsha Murkowski	Karen Weakley
Weekly staffings; We push for involvement in school district staffings; don't do this in transition planning.	Core team meets 1x month, plans for change and growth. Discusses needs, plans for integration.

2. **What are the benefits (of teaming)?**

Marsha Murkowski	Karen Weakley
Communication; holistic services.	Resources are richer because of more people and different perspectives.

3. **What are any difficulties (of teaming)?**

Marsha Murkowski	Karen Weakley
Threats to turf; lack of centralized filing; we are too compartmentalized.	When adding new members, team must go through stages again and work through differences in philosophies.

4. **What should by your role on these teams?**

Marsha Murkowski	Karen Weakley
"Coach" and mentor for site supervisors.	There are no assigned roles. I am there to keep others realistic on new ideas.

5. **How structured are the team meetings?**

Marsha Murkowski	Karen Weakley
Not structured; meetings flow with the needs of the family.	Meetings are not structured. Teams draft an agenda at the beginning of each meeting and prioritize items for order of discussion.

Background & Views

1a. Experience with Disabilities:

Marsha Murkowski
As young child, impacted by experience with other child with DD.
As teacher, became interested in DD when placed in SPED setting.

Karen Weakley
Education in early childhood; currently working on a special education endorsement. Began with H. S. by overseeing all district services.

1b. Influence of fiscal issues on philosophy:

Marsha Murkowski
Profound impact; we need to remodel to be more accomodating; we have less $$ while demands and requirements continue to increase.

Karen Weakley
Core team makes decisions on fiscal issues. I am an advocate for recruiting & directing more $$ for SPED (facilities, equip).

1c. Role of family in education:

Marsha Murkowski
They are the primary educator; our impact on kids depends on the impact we make with parents.

Karen Weakley
Parents are or should be the primary advocates for their children. We need to educate parents better to do this better.

1d. Consumers of education are:

Marsha Murkowski
(didn't ask...)

Karen Weakley
In theory, the family is the consumer. In practice, the child is the consumer.

2. **List two of the greatest strengths of your program; is SPED one of those strengths?**

Marsha Murkowski	Karen Weakley
Staff commitment; admin team is strong & talented; admin team is committed & supportive; 80% of staff are fully credentialed.	Staff commitment; SPED is not a strength right now because services are fragmented.

3. **List two weaknesses (of your program).**

Marsha Murkowski	Karen Weakley
Communication between staff; communication out to families.	Fragmentation of services; need for more parent education.

4. **Where do you see your organization in five years?**

Marsha Murkowski	Karen Weakley
Decentralization; inability to meet all kids (population keeps growing).	Retain current quality with growth. Have some dalogue going with Richland & Kennewick.

5. **How does SPED & inclusion fit into that plan?**

Marsha Murkowski	Karen Weakley
Pasco, Benton City, & Findley will have inclusion in place by then; Maybe Connell, too.	Didn't ask...

6. **What are your opinions on inclusion?**

Marsha Murkowski	Karen Weakley
It's the only way (to teach). I've developed my advocacy for inclusion through experience.	World is inclusive; All of us live next to each other. The sooner we start better.

7. **Do you participate in placement decisions?**

Marsha Murkowski	Karen Weakley
Yes, by choice.	Yes, I am the decision-maker.

8. **When a teacher has a concern regarding a special needs child in her building/district, whom should he/she call?**

Marsha Murkowski	Karen Weakley
They go to Karen Weakley.	Re: Pasco, H.S. now turns to Karen, and district staff to their supervisor. In the end, we hope that everyone will look to each other for resources.

9. **Notes, additional comments**

Marsha Murkowski	Karen Weakley
Its frequently difficult to get screenings by S.D. done before actual classroom placement.	

PLAN

Benton-Franklin County Head Start: Fax (509)946-9007

Tabulate and mail out results of interview and HCC survey. Marsha will review Parent surveys and teacher surveys in detail and make a decision on how to or when or if to distribute surveys to parents and teachers. We hope to get them back by July 15 so we can begin tabulating the results for presentation in August.

We will plan on a one-to-two day workshop in August or September. By July 15, H.S. will have all 20 kids with DD identified, and MLC will be "filled" by that time. We should be able to set dates for our workshops in the Middle of July. Marsha will be the contact person. We will negotiate the specific content of the workshop, but at this point, the ideas are as follows:

1. Include parents and service providers in group meetings (I believe Pam Thompson had this great idea!).
   a. Include both kinds of parents: those with kids with DD

and those without DD.

2. Include school district staff (Mike and Jennifer)
   a. Mike Prudhomme, Pasco S. D. Educational Consultant
   b. Jennifer Koppinger, Pasco S. D. Teacher

3. Conduct service provider interviews of teachers who are working Pasco (MLK)

4. Conduct parent interviews with parents who have kids at MLK

5. More thoroughly and in great detail, identify strengths and weaknesses of Pascoe MLK program.

6. Develop goals and from the goals, develop a workable action plan using strategic planning process.

WORKSHOP EVALUATION SCALE

Site:_____ **Date:**_____

Presentation Topic(s):_____

Presenter(s):_____

Your Job Title:_____

INSTRUCTIONS: To determine whether or not the technical assistance met your needs and our objectives, we would like for you to give us your honest opinion on the design, presentation, and value of this technical assistance. Please circle the number which best expresses your reaction to each of the items on the following list. Space is provided for your comments.

CONTENT:

1. The work of the presenter(s) were: Excellent 7 6 5 4 3 2 1 Poor
2. The ideas and activities of the workshop were: Very Interesting 7 6 5 4 3 2 1 Dull
3. This content of the workshop was organized and clear: Very Clear 7 6 5 4 3 2 1 Unclear
4. The materials provided will be: Very useful 7 6 5 4 3 2 1 Not useful
5. My attendance at this workshop should prove: Very beneficial 7 6 5 4 3 2 1 No benefit
6. Overall I consider this workshop: Excellent 7 6 5 4 3 2 1 Poor
7. Do you feel a need for further information on the topic presented? YES NO

   If yes, which topic(s)?

8. The strong features of the workshop were:

9. What are some other elements that you would like to have been included in this workshop?

SUMMARY OF TRAINING EVALUATIONS FOR 1994-1995

This summary reflects the responses of 180 persons who attended 14 workshops delivered across the project year. Consultations and other presentations were evaluated with other means such as organizational forms or through review of action plan goals.

CONTENT:		MEAN
1. The work of the presenter(s) was:	Excellent 7 6 5 4 3 2 1 Poor	5.80
2. The ideas and activities of the workshop were:	Very Interesting 7 6 5 4 3 2 1 Dull	5.86
3. The content of the workshop was:	Very Clear 7 6 5 4 3 2 1 Unclear	5.89
4. The materials provided will be:	Very Useful 7 6 5 4 3 2 1 Not Useful	5.85
5. My attendance at this workshop should prove:	Very Beneficial 7 6 5 4 3 2 1 No Benefit	5.79
6. Overall, I consider this workshop:	Excellent 7 6 5 4 3 2 1 Poor	6.03

CONSUMER COMMENTS:

Items that were extra helpful:

- Openness and honesty; real life experiences shared by presenters
- Work on building strong teams
- Good handouts which helped in discussing management systems and styles
- Receiving answers to unanswered questions
- Brainstorming with groups
- Working on solving our own center/program issues
- Nice to know that presenters could be trusted and respond to group needs
- Taking action and clarifying goals

Comments to be used in updating future workshops:

- Make sure exercises are applicable to site goal/concerns
- Need for additional trainings to help sites reach goals (follow-up)
- Need to keep discussions in line with agenda for the workshop

USE OF PSI BY SITES

Due to the individualized nature of our technical assistance each of the five adoption/adaption sites are unique in their application and response. The following tables describe each site's goal and use of the *Planning for Successful Inclusion* instrument in implementing and monitoring goal achievement.

1. Benton-Franklin Head Start

Goal: To decentralize the organization and implement inclusive services.

Evaluation Area	PSI Instrument	Frequency of Data Collection	Audience Measured
Team development	Team Characteristic Survey	Jan. 1995 May 1995	Benton City Finley Pasco-MLK Richland-Spalding
	Yardstick of Team Growth	Jan. 1995	Benton City Finley Pasco-MLK Richland-Spalding
Support to staff	Service Provider Support Survey	Dec. 1995	Pasco-MLK
Staff training needs	Service Provider Training Needs Assessment	Dec. 1995	Pasco-MLK
Staff attitudes towards inclusion	Service Provider Attitudes Survey	Nov. 1994	Benton City Finley Pasco-MLK
		Nov. 1994 Dec. 1995	Richland-Spalding
Policy Council and Advisory Board attitudes toward inclusion	Community Attitudes Survey	Nov. 1995	Advisory Board Policy Council

2. Columbia Pacific Head Start

Goal: To decentralize the organization, build teams, decrease staff conflict, and expand inclusive services.

Evaluation Area	PSI Instrument	Frequency of Data Collection	Audience Measured
Team development	Team Characteristic Survey	April 1994 Jan. 1995	Astoria Seaside Tillamook
		April 1994 Jan. 1995 May 1995	Clatskanie St. Helens Vernonia
		Aug. 1993 Nov. 1994	Management Team
	Yardstick of Team Growth	April 1994	Astoria St. Helens
		April 1994 Jan. 1995	Clatskanie
		April 1994 Mar/Apr 1995	Seaside Tillamook Vernonia
		Aug. 1993 Nov. 1994	Management Team
	Team Development Scale	Aug. 1993 Nov. 1994	Management Team
Gaps between current status and vision	PROBE	Nov/Dec 1995	Astoria Clatskanie St. Helens Seaside Tillamook Vernonia
Staff attitudes towards inclusion	Service Provider Attitudes Survey	Jan. 1995	Clatskanie
		Jan. 1995 Feb. 1996	St. Helens and ESD

3. Hawaii State Department of Education

Goal: To promote and evaluate inclusive practices.

Evaluation Area	PSI Instrument	Frequency of Data Collection	Audience Measured
Team development	Team Characteristic Survey	May 1995	Across all sites
Inclusive practices of all staff	Service Provider Practices Survey	March 1995	Across all sites

4. Lane County Head Start

Goal: To promote inclusion through changes in infrastructure, personnel, job descriptions, employee evaluations, and interagency agreements.

Evaluation Area	PSI Instrument	Frequency of Data Collection	Audience Measured
Planning	Planning Record Review/Interview	March 1994	Management Team
Team development	Team Characteristic Survey	Mar/Apr 1994 May 1995	Across all sites
	Yardstick of Team Growth	April 1994	Downtown Ontario
Staff training needs	Service Provider Survey on Training	March 1994	Across all sites
Staff attitudes towards inclusion	Service Provider Attitudes Survey	March 1994	Across all sites
Inclusive practices of all staff	Service Provider Practices Survey	March 1994	Across all sites
Family attitudes	Family Survey on Attitudes	March 1994	Across all sites
IEP/IFSP	IEP/IFSP Record Review	Sept. 1995	Oakridge Creswell

5. North Idaho Head Start

Goal: To increase collaboration across and within the organization as inclusive services are offered.

Evaluation Area	PSI Instrument	Frequency of Data Collection	Audience Measured
Team development	Team Characteristic Survey	March 1994 Sept. 1995	Post Falls Head Start and School District
	Team Record Review on Team Functioning	Sept. 1995	Post Falls Head Start and School District
Inclusive practices of all staff	Service Provider Practices Survey	March 1995	Post Falls Head Start and School District
Planning	Planning Record Review/Interview	May 1994 June 1995	Management Team